

Case Number:	CM14-0031413		
Date Assigned:	06/04/2014	Date of Injury:	05/05/2008
Decision Date:	07/11/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	02/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 70-year-old male who reported an injury on 05/05/2008. The mechanism of injury was a trip and fall. The clinical note dated 12/23/2013 noted the injured worker presented with complaints of low back pain. The previous treatment included physical therapy, epidural steroid injections, and medications. The diagnoses were lumbar disc bulge with radiculitis, status failed 6 epidurals, rule out epidural hematoma, status failed postoperative radiofrequency desensitization, urinary incontinence, sexual dysfunction secondary to complication of failed radiofrequency desensitization and insomnia. The treatment plan included a TENS unit at home, a lumbar brace to use at home, continued physiotherapy 2 times a week for 3 weeks, referral to an internist to follow-up on hypertension and urinary incontinence, spine consultation, and topical transdermal creams for pain. The provider recommended an EMG/NCV of the upper extremities to rule out neurological causation of left bicipital atrophy. The Request for Authorization Form was dated 12/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ELECTROMYOGRAPHY (EMG) OF UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for electromyography of the upper extremities is not medically necessary. California MTUS/ACOEM state that unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological exam is less clear; however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography, and nerve conduction velocities, including H-reflex test may help identify subtle, focal and neurologic dysfunction in injured workers with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The included medical documentation lacks evidence of an adequate examination of the injured worker with significant objective functional deficit relating to the upper extremities. As such, the request is not medically necessary.

NERVE CONDUCTION STUDIES (NCS) OF UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for nerve conduction study of the upper extremities is not medically necessary. California MTUS/ACOEM state that unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological exam is less clear; however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography, and nerve conduction velocities, including H-reflex test may help identify subtle, focal and neurologic dysfunction in injured workers with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The included medical documentation lacks evidence of inadequate examination of the injured worker with significant objective functional deficit relating to the upper extremities. As such, the request is not medically necessary.